Mental health Care

Access Eame

Comprehensive Care Stigma

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Start Access



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The time has come to learn with lots of fun! Everyone is invited to participate in the Access Game, an important time to learn, socialize, have fun and discuss the topic of access.

Duration

2 hours and 30 minutes

Mental health Care Access Game

The Access game is a simple and easy to play game. You will learn about the story of five characters who represent people seeking access to mental health care in Primary Health Care (PHC). They will walk around the board and may come across some illustrations that help to spark discussions about the barriers to these people/characters' access to mental health care, as well as PHC's potential and strategies to overcome these barriers and ensure comprehensive care. The figures that illustrate PHC's potential and strategies make the player advance a few spaces, while those that explain the user's access barriers to the service make the player return a few spaces. In addition, players will be invited to share examples of their professional experiences where these barriers were identified, as well as the potential and strategies for overcoming the barriers, advancing a few more points by sharing their experiences.

Components

- 1 game board
- 1 game dice
- 3 game characters representing people who use the health service
- · playing cards with illustrations and explanatory texts

Game objective

Discuss and reflect on the person's path in the search for access and comprehensive care in the health service.

Game rules

- Divide participants into 3 groups, each group will represent a person/character.
- The group that rolls the highest number on the game dice will be the first to play. The next groups will be defined in descending order, that is, from whoever got the highest number to whoever got the lowest number.
- After rolling the dice, each group will walk their character, house by house, with the drawn number.
- When the group finishes their movement in a house where there is a card that illustrates a certain barrier or potential for access, they will turn it over to read the text on the back of the card.
- The back of the cards contains the continuation of the story of the game's characters, relating them to the barriers and
- potentialities illustrated. According to what happens in the characters' story, players move forward or back to houses, as indicated on the cards.
- Furthermore, on the back of the card there is a challenge for the group. It should be answered immediately after reading your story character. This challenge is an invitation to the group to give personal accounts of their professional practice related to that access barrier or potential. If you answer the challenge, the group advances more spaces, as indicated on the card.
- If the illustration that the player fell is a question mark, the group is invited to think about a situation that could be a potential or a situation that could be a barrier to accessing mental health care. The group advances the spaces as indicated on the card.
- Two or more users can occupy the same house simultaneously.



Character profile

Read the story of the five characters and choose one of them to go around the board with your group:



John: 73-year-old elderly man, retired, registered with the PHC team, but does not use the service, only in cases of oral health emergencies, when he feels pain. He participated in a group program for the functional assessment of elderly people. The only health condition identified was occasional alcohol abuse, which increased after retiring, and the team assessed that there was no current functional impairment. However, a week later, John fell to the floor on his way back from the bar, broke his femur and is confined to bed after surgery.



Maria: 14-year-old teenager, lives with her maternal grandmother, starts prenatal care for an unplanned pregnancy with 14 weeks. She reports not knowing who the father is, having had a relationship with more than one partner at community parties. She tested positive for syphilis and reports that although unplanned, the pregnancy is desired. She's scared to tell her grandmother. When thinking about talking to her grandmother about the subject, she starts to have chest pain, shortness of breath and tingling in her left upper limb.



Tereza: 55 years old, unemployed, has a chronic health condition of hypertension and diabetes mellitus. During a scheduled appointment, she brings her list of complaints containing 13 items, including a lot of sadness, lack of energy and difficulty sleeping. She can no longer take so much medication for high blood pressure and diabetes. She says her high blood pressure and diabetes are emotional as her life has never been the same since her son was hospitalized for hearing voices and diagnosed with schizophrenia at age 20.

Game cards Obstacle/barrier

- Stigma
- Deficit in professional skills
- Offer-based Access Management

Potentiality/Advantages of Primary Health Care

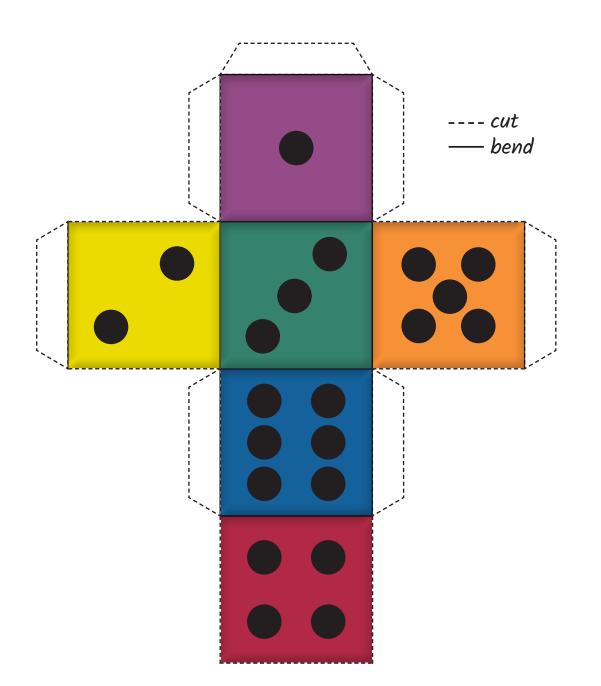
- Community Health Agent
- Collaborative Care
- Intersectorality

Game winner

- The person/character who manages to overcome all barriers to access and enhance their journey with elements of Primary Health Care (PHC) will arrive first by gaining access to comprehensive care.
- · Along this path, all opinions and personal experiences will enrich the discussions and will be useful to identify some
- of the barriers that the user may encounter in their journey to access adequate Mental Health care. Furthermore, we will have the opportunity to recognize which strategies help us overcome these barriers.
- Therefore, even if there is a winner, everyone wins by taking the knowledge acquired in the discussions into their professional practices.





















Stigma

Stigma is defined as a negative or derogatory attribute, which makes the subject different, diminished or possessing a disadvantage. There are several ways in which stigma reduces access to healthcare, including: stigma from a person toward themselves, stigma from others, stigma from the healthcare provider, and structural stigma.

Challenge: Think about a real professional situation in which stigma was a barrier to accessing mental health core. How can this barrier be overcome?

In the community where John lives, people know him or "boozer". When a home visit was requested to him, who is confined to bed, the team doctor does not prioritize this visit, as he reports that John fell, as he is always drunk and fallen on every corner. The doctor says that he needs to take care of people who doctor says that he needs to take near of people who the doctor's behavior reinforced the stigma towards alcohol users, thus presenting a barrier to accord the stigma towards of character to access core. Return 2 squares.

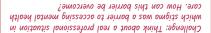
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When she arived at the health service to take the rapid pipenancy test, she was approached by her team nurse. When she reported that she was very nervous with chest pain and shortness of breath, the professional fold her in a mocking tone: "Girl, you are old enough to be playing with amough to be taking acre of children, I will contact the yearn grandmother so she can make the arrangements. Stoy peeping." After fouring a prenatal consultation, the teenager asked the nurse not to tell her grandmother anything. She did not return to the unit for tear of people knowing the information. Therefore, an important bond was not created with the teenager due to the way she was welcomed and treated as a pregnant teenager. Thus setting up a barrier to the access of this person/choracter. Return 2 squares.

Maria





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Every time Tereza returns to the health unit, all the professionals look at her the wrong way. They say she is a polycomplainont and frequents the health unit more than the employees who work there. She always leaves the consultation with a prescription for vitamin supplements and instructions for exercising, However, her complaints are invalidated because she is a person who requents the health service a lat, which constitutes a barrier to access to comprehensive care. Return 2

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Deficit in professional skills is when the professional does not see the person as a whole, he divides body and mind. He considers that mental health issues are a competence of specialized psychiatric knowledge, or he does not recognize the mental disorder and believes that that different behavior is only due to a social issue, causing feelings of insecurity in the PHC professional. This context is aggravated when the professional has difficulties with communication skills or does not have adequate attitudes towards these people.



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Challenge: Think of a real professional situation in which there was a lack of knowledge, skill or attitude to provide mental health care. What could be done to

Return 2 squares.

John had a very bad toothache and decided to seek time of the consultation he was dunk, which made it impossible to carry out the procedure. The dentist reported the case at a team meeting, but the doctor said that he does not treat alcoholism in PHC, and that he would have to be referred to a specialized soir the treatment of alcoholism. In this way, the professional's lack of competence in how to approach issues related to alcohol becomes a barrier.





inse this gap!

Challenge: Think of a real professional situation in which there was a lack of knowledge, skill or attitude to provide mental health care. What could be done to

barrier. Return 2 squares.

When reporting that she had chest pain, shortness of breath and tingling in the left upper limb and was pregnant, the nurse who provided care referred her to the emergency room, as the team doctor was carrying out a home visit and she did not know how to conduct the procedure, situation. The lack of professional competence for a comprehensive care approach that encompasses Mental Health issues constitutes a encompasses





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Challenge: Think of a real professional situation in which there was a lack of knowledge, skill or attitude to provide mental health care. What could be done to

up as a barrier. Return 2 squares.

Every time she goes to a doctor's appointment, Tereza reports that her blood pressure and diabetes ore emotional. However, the doctor always adjusts the dosage of medications for these chronic conditions and never asked about the situations that lead Tereza to be emotionally shaken. The lack of professional competence leads doctors to not address emotional issues, only focusing on physical issues. Setting itself issues, only focusing on physical issues. Setting itself

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Access management based on supply: in this model you offer access in a team-centered way, that is, what the team understands that its population needs, but which does not always correspond to what the population really needs, having no connection with real needs of people. The health team does not consider its population and territory when organizing access, ignoring the importance of identifying and qualifying the demand of the people served by PHC.





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Sercome

Challenge: Think about a real professional situation in which the supply management model was a barrier be accessing mental health core. How can this barrier be

After the group program of functional assessment of the elderly person, even though the team identified the occasional abusive use of alcohol, as this did not cause functional impairment and he did not have any specific complaints, no care was scheduled. By scheduling access based on a restricted schedule, this pecomes a barrier. Return 2 squares.





vercome?

Challenge: Think about a real professional situation in accessing mental health care. How can this barrier be accessing mental health care.

Keturn 2 squares.

bhen leaving the prenatal consultation, Maria takes the paper that the nurse gave her with the words. "Book an appointment with the psychologist". bhen she went to reception, she was intornmed that she would join the waiting list, as the psychologist's someone to be discharged from treatment. The fact the psychologist proudes individual care and does not prioritize the needs of users constitutes a barrier.





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Challenge: Think about a real professional situation in which the supply management model was a barrier be accessing mental health care. How can this barrier be

barrier. Return 2 squares.

Tereza always seeks out the health service to carry out the renovation prescription for your Hypertension and Diabetes medications, during the Hypertension on Diabetes medications, during the Hypertension to Diabetes program (Hyperdia). However, on these occasions your other complaints are not evaluated, as they have to move the complaints of not accepted, thus creating a other complaints are not accepted, thus creating a

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ACS (Agente Comunitário de Saúde): as a member of the community, the Community Health Agent becomes a mediator and facilitator in the relationship between the health service and the people served, establishing effective interpersonal communication, which can facilitate the achievement of comprehensive health care recommended by the SUS (Sistema Unico de Saúde) and provide dignity and respect to users in need of mental health care.



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Challenge: Tell a real professional situation in which the ACS facilitated access to Mental Health care.

sanakes.

The ACS in the region where John lives learned about in the fact in the region where John scheduled a visif which enurse on her team. Before entering John's with the nurse on her team. Before entering John's house, the ACS expressed concern about the fact that he was frequenting the bar daily, and that the fall was possibly related to alcohol use, bhen talking to John and his family, the nurse, already sensitized, provided comprehensive care, identifying with John the relationship between the fracture and the damage caused to him by the use of alcohol. Thus, the attentive look of the ACS was a potential for access. Advance



Challenge: Tell a real professional situation in which the ACS facilitated access to Mental Health care.

consultation, Maria found her ACS and said she thought she was having a heart attack. The ACS asked if the nurs having a heart attack. The ACS asked if the nurse having a heart aske said yes, but it was nothing. So, but it was nothing was very little, ACS felt like asking: "Is there anything making you more nervous or wornied?" She also asked if Maria worted to talk to anyone else on the health at team. Maria agreed to talk to the dentist, with whom she liked to talk when she went to do the Health at school program actions. The ACS demonstrated empathy for Maria's situation, welcomed her suffering and favored access to care by the professional with the closest ties. Advance 2 squares.

When leaving the health service after the first prenatal



Challenge: Tell a real professional situation in which the ACS facilitated access to Mental Health care.

During a home visit, the ACS identified that Tereza stopped doing her household chores and attending church. He became concerned when he realized that the support from his social support network was more fragile and asked if he could help her with her health needs. After listening to her talk about her difficulties in controlling high blood pressure due to the "nervousness" that her son causes, he offered to schedule a home visit with the multidisciplinary team schedule a home visit with the multidisciplinary team for her son have son causes, he offered to





Collaborative care ("matriciamento"): is a work process that involves professionals with different knowledge, who exchange experiences and information, with the aim of expanding health care in PHC. The logic of collaborative care can be used by any professional PHC team or as a strategy to bring together the points of care involved in comprehensive patient care.



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Challenge: Tell a real professional situation in which collaborative care facilitated access to Mental Health care.

Advance 2 squares. to care in the place where John was most connected. the professionals to agree on tasks, and enabled access the case with them monthly. Collaborative care allowed specialized service would remain a reference to discuss for monitoring John and the psychologist from the which the PHC nurse and doctor would be responsible with John. They agreed on a therapeutic project in the nurse can understand how to address this issue requesting a joint home visit. In this joint assessment, psychologist at the service specializing in alcoholism, change this habit, they chose to seek support from the that would make them more aware of the need to use. As they did not feel able to undertake an approach did not identify John's desire to change this pattern of was causing him harm, but it was also evident that they team agreed that John's pattern of alcohol consumption discussed John's case in her team meeting. The entire After carrying out the first Home Visit, the Nurse

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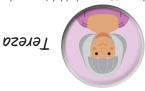
Challenge: Tell a real professional situation in which collaborative care facilitated access to Mental Health care.

family approach. Advance 2 squares. consultation developed the doctor's professional skills in access to Maria and the collaboration through joint conflict resolution. The team worked together to offer with the doctor how to carry out a family approach to later, the psychologist took the opportunity to discuss the psychologist from the multidisciplinary team. Days grandmother, offering Maria a joint consultation with if she would like help with this conversation with her welcoming and validated Maria's concerns. She asked her in her house was in need at that time. The doctor was when she became pregnant with her and that everyone her grandmother repeat that her mother ruined her life that she was desperate. She said she grew up hearing ease and confessed that she was feeling very alone and In a prenatal consultation with the doctor, Maria felt at



Challenge: Tell a real professional situation in which collaborative care facilitated access to Mental Health care.

A joint home visit was scheduled between the A.C., nurse and psychologist from the multidisciplinavy team. Puring the home visit, Tereza says she is very worned about her son who is talking to himself. She says that a cat the age of 20 he had a psychotic episade and was hospitalized, but since discharge he has not had any mental health follow-up. She says it makes her very sad, the number her pain worse, and she can't control her high holod pressure. The multidisciplinary team identified the norm worse, and she can't control her not per for normal her her pain worse, and she can't control her paint importance of conditioning the care of her som we have normally service and realized the importance of conditioning the care of her som we have some order some to the top to a gon in the specialized the importance of conditioning the care of her some her service in the second organization and the specialized service team. Detween the PMC team and the specialized service team.





understood as an articulation of different sectors with different knowledge, powers and experiences, with the aim of qualifying the planning and delivery of care in the territory, essential for facing complex situations.

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which an intersectoral action facilitated access to

Challenge: Tell a real professional situation in

Mental Health care,

Mental Health care. which an intersectoral action facilitated access to Challenge: Tell a real professional situation in

community center. Advance 2 squares. had already made good friends and started going to the house once a week. When John started walking again he played chess at the community center to go to John's really liked chess. The team arranged for the group that to participate in some of these activities. John said he in which the team worked with John on his motivation was confined to bed, some home visits were carried out available in the community. During the period when he the Culture Center to check what activities were have a support network in the city. They then contacted a meeting and came to the conclusion that he did not John's family's health care team discussed his case in

Mental Health care, which an intersectoral action facilitated access to Challenge: Tell a real professional situation in

remained at the school. Advance 2 squares.

few months until Maria overcame this challenge and for the Psychopedagogue to monitor Maria over the next with the school management, which made it possible psychopedagogue. An intersectoral meeting was held a conversation between Maria and the school's the doctor about this situation. The doctor suggested with the expenses at home. The grandmother talked to about stopping studying and starting to work to help that her belly had started to grow. She was thinking won looks at og at thushlib yiev it pribails sow eals she was pregnant, Maria told her grandmother that of the health team and telling her grandmother that After overcoming the first challenge, with the help

access to the intersectoral care network, Advance 2 offered in the health service made it possible to expand organize a community party. The psychosocial activity improved and she finally accepted the invitation to help participated in the group over time, her discouragement that took place in the community church. As she other participants, who talked about various activities

meetings, she established bonds of friendship with the women at the PHC health service. Throughout the Teyeza began participating in the support group for



to overcome it, move forward 2 squares. If you can identify a barrier to access and a strategy forward I square.

If you can identify a potential for access, move